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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 147200006		CITY OR TOWN	WILBRAH	AM
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MELIKIAN, INC.				
DOING BUSINESS A	A HORIZONS REST.	AURANT			
ADDRESS 2200 BOS	STON RD.				
CITY/TOWN: WILI	BRAHAM	STATE: MA	ZIP CODE:	01095	
	KIAN, TYPE REY M.	OF LICENSE: Ro	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	JCENSED PREMISE	S:			
ONE FLOOR, ONE M STORAGE	MAIN DINING ROOM	M WITH LOUNG	E AREA, THREE C	ELLARS, TW	VO FOR
3. the premise SIGNED BY:	es are now open for bu				
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social So	
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lia	ector and the hea	nd of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain	 in)				
(alonppio rea empire	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147200008		CI	ΓY OR TOWN	WILBRAH	IAM
APPLICATION FO	R RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	PIZZA PUB AND	RESTAURAN	T CORPO	RATION		
DOING BUSINESS	A GREGORY'S RES	STAURANT .	AND PIZZ	A PUB		
ADDRESS 2391 BC	OSTON RD.					
CITY/TOWN: WII	LBRAHAM	STATE:	MA	ZIP CODE:	01095	
	RNAGIAN, TYP EGORY M.	E OF LICEN	SE:Restaur	rant (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		_
	LICENSED PREMIS					
	H MAIN DINING RO E ON BOSTON RD.,					
I hereby certify and	swear under penalties	of perjury tha	t:			
	ved license will be of t	• •		-		
	see has complied with			C	to taxes; and	
3. the premi	ises are now open for	business (If no	ot explain b	elow)		
SIGNED BY:	Individual, Partner	or Authorized	Corporate	Officer		
D 4 TF						
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
				(110te. <u>1101</u>]	ndividual Social S	security Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and th	ne head of	the fire depar	tment for the	above named
Please Check Below:			L	OCAL LICEN	ISING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED: [(If disapproved expl	 ain)		_			
(ii disappioved expi	u <i>,</i>					
			_			
DATE:			_			
			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200010	CITY	OR TOWN WILBRAHAM	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: TDWF, INC.			
DOING BUSINESS A HOULIGAN'S TA	AVERN		
ADDRESS 2523 BOSTON RD.			
CITY/TOWN: WILBRAHAM	STATE: MA Z	IP CODE: 01095	
MANAGER: FANEUFF, TYP WILLIAM	PE OF LICENSE: Restauran	t CATEGORY: All Alc	ohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMAIL ADD	RESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
SINGLE STORY BRICK BLDG. WITH I WALK-IN COOLER AND STORAGE,TO 24' OUTDOOR SERVICE PATIO.			<u> </u>
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the same p	premises now licensed;	
2. the licensee has complied with	all laws of the Commonwea	alth relating to taxes; and	
3. the premises are now open for l	business (If not explain belo	ow)	
SIGNED BY: Individual Partner	or Authorized Corporate O	fficer	
	or Authorized Corporate O	fficer	
	or Authorized Corporate O	fficer	
	E NUMBER:	fficer EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nu	
Individual, Partner	E NUMBER: in possession (1) the certife spector and the head of the	EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nur Cicate required by Chapter 304 of the department for the above not	the
Individual, Partner DATE: TELEPHONE We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor lease Check Below:	E NUMBER: in possession (1) the certifepector and the head of the liability insurance require	EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nur Cicate required by Chapter 304 of the department for the above not	the
Individual, Partner DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor legister Check Below: APPROVED:	E NUMBER: in possession (1) the certifepector and the head of the liability insurance require	EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nur Cate required by Chapter 304 of the fire department for the above not d by Chapter 116 of the Acts of 2	the
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor I Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the certifepector and the head of the liability insurance require	EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nur Cate required by Chapter 304 of the fire department for the above not d by Chapter 116 of the Acts of 2	the
Individual, Partner DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor legister Check Below: APPROVED:	E NUMBER: in possession (1) the certifepector and the head of the liability insurance require	EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nur Cate required by Chapter 304 of the fire department for the above not d by Chapter 116 of the Acts of 2	the
DATE: TELEPHONI We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor I Please Check Below: APPROVED: DISAPPROVED:	E NUMBER: in possession (1) the certifepector and the head of the liability insurance require	EMPLOYER IDENTIFICATION NUM Note: NOT Individual Social Security Nur Cate required by Chapter 304 of the fire department for the above not d by Chapter 116 of the Acts of 2	the



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	14/200013		CITY OR TOW	N WILDKAR	1AW
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PADDYWAGON				
DOING BUSINESS A					
ADDRESS 2823 BOS	TON RD.				
CITY/TOWN: WILE	BRAHAM	STATE: MA	ZIP CODE:	01095	
MANAGER: SANT LISA	ANIELLO, TYI	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	SES:			
FIRST FLOOR, APPE	ROX. 2000 SQ FT,	RESTAURANT, BA	SEMENT FOR	STORAGE	
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for the	same premises n	low licensed;	
2. the licenses	e has complied with	all laws of the Comr	nonwealth relatir	ng to taxes; and	
3. the premise	es are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the understand	attact that we are	in magagaian (1) th	a contificate neces	uinad by Chant	on 204 of the
We the undersigned, Acts of 2004, signed					
license and (2) the ce					
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			•		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 147200019		CI	TY OR TOWN	WILBRAH	IAM
APPLICATION FOR	RENEWAL:	Annı	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME:	COUNTRY	CLUB OF WILBRA	AHAM, IN	C		
DOING BUSINESS	A COUNTRY	CLUB OF WILBE	RAHAM			
ADDRESS 859 STO	NY HILL RD					
CITY/TOWN: WIL	BRAHAM	STATE:	MA	ZIP CODE:	01095	
MANAGER: SCUI	LLY, MARY	TYPE OF LICEN	SE:Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	R YOUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PI	REMISES:				
ONE STORY BUILD AND DINING ROOF AT FRONT AND BA USING 18-HOLE GO	M, ENTRENC ACK FOR SEA	E ON STONY HIL ASONAL USE. MO	L ROAD. I	EXIT AT REA	R. OUTDOOF	R PATIOS
I hereby certify and s	wear under per	nalties of perjury tha	at:			
1. the renewe	ed license will	be of the same type	for the san	ne premises no	w licensed;	
2. the license	ee has complie	d with all laws of th	e Common	wealth relating	to taxes; and	
3. the premis	ses are now op	en for business (If n	ot explain l	below)		
SIGNED BY:	Individual, F	artner or Authorized	d Corporate	e Officer		
DATE:	TELEI	PHONE NUMBER:			ER IDENTIFICAT	
We the undersigned Acts of 2004, signed license and (2) the c	by the buildi	ing inspector and t	he head of	the fire depar	tment for the	above named
Please Check Below:			I	LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			F	Зу:		
DISAPPROVED: [(If disapproved explain	in)					
(ii disappioved expid	••••)					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200024		CITY OR TOWN	WILBRAH	AM
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: FETTES FAMIL	Y INC.			
DOING BUSINESS A WILBRAHAM	WINE & SPIRITS			
ADDRESS 2771 BOSTON RD				
CITY/TOWN: WILBRAHAM	STATE: MA	ZIP CODE:	01095	
MANAGER: FETTES, MEGAN T	YPE OF LICENSE:Pac	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
CELLAR UNDER HALF THE BLDG. I hereby certify and swear under penalt 1. the renewed license will be 2. the licensee has complied w 3. the premises are now open f	ies of perjury that: of the same type for the ith all laws of the Com	same premises now nonwealth relating to	licensed;	
SIGNED BY: Individual, Partr	ner or Authorized Corpo	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200	035	CITY OR TOWN WILBRAHAM	
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: FRANI DOING BUSINESS A FRAN	KIE B'S INC, 'KIE B'S BILLIARDS & SPOR'	TS BAR	
ADDRESS 2957 BOSTON R	D.		
CITY/TOWN: WILBRAHAI	M STATE: MA	ZIP CODE: 01095	
MANAGER: BONGIORNI, IE	LAUR TYPE OF LICENSE: Ge pre	neral on CATEGORY: All Alcoho	1
EMAIL ADDRESS:			
	O VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSE			
	RST FLOOR AND ONE ROOM OOM ON THE FIRST FLOOR	M ON THE SECOND FLOOR OF A TWO AND IN THE CELLAR	
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for the	same premises now licensed;	
2. the licensee has con	mplied with all laws of the Comi	monwealth relating to taxes; and	
3. the premises are no	w open for business (If not expl	ain below)	
SIGNED BY: Individe	ual, Partner or Authorized Corpo	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
		(Note: NOT Individual Social Security Number	t)
Acts of 2004, signed by the b	ouilding inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above name required by Chapter 116 of the Acts of 2010	ed
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	147200042		CITY OR TOWN	WILBRAHAM
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SEKOWSKI FAMII	LY INC.		
DOING BUSINESS A	ONE STOP DISCO	OUNT LIQUORS		
ADDRESS 2701 BOS	STON ROAD			
CITY/TOWN: WILB	RAHAM	STATE: MA	ZIP CODE:	01095
MANAGER: SEKO IRENE		E OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMISI	ES:		
RETAIL STORE AT 2 AND REAR EXIT/EN		AD, APPROX.2200	SQ. FT.ON GROUN	ND FLOOR; FRONT
3. the premise SIGNED BY:	s are now open for b	usiness (If not exp	·	, and
	marviduai, i artiici c	n Authorized Corp	orate Officer	
DATE:	TELEPHONE	ENUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147200045		CITY OR TO	WN WILBRA	HAM
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	: MANDARIN WIL	BRAHAM ENTE	RPRISE INC.		
DOING BUSINESS	S A MANDARIN W	ILBRAHAM REST	AURANT		
ADDRESS 2571 B	OSTON ROAD				
CITY/TOWN: WI	LBRAHAM	STATE: MA	ZIP CODI	E: 01095	
MANAGER: CO	SENZA, MARY TY	PE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	R EMAIL ADDRESS		
	F LICENSED PREMI				
	UCTURE W/ KITCH EXIT FROM KITCH				
SEATING FOR 85		Bry First Bright			,
		6 1 1			_
•	swear under penalties wed license will be of		ha sama nramisas	now licensed:	
	see has complied with	* *	•		1
	nises are now open for				
SIGNED BY:					
	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	ТЕІ ЕРНОМ	IE NUMBER:	EMPL	OYER IDENTIFIC	ATION NUMBER:
	TELETHOT	E NUMBER.			l Security Number)
We the undersion	ed, attest that we are	e in possession (1)	the certificate re	anired by Cha	oter 304 of the
Acts of 2004, sign	ed by the building in	spector and the he	ad of the fire de	partment for tl	ne above named
license and (2) the	certificate of liquor	liability insurance	e required by Ch	apter 116 of th	e Acts of 2010.
Please Check Below:	1		LOCAL LIC	ENSING AUT	HORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	Lain)				
· · · · · · · · · · · · · · · · · · ·	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 147200050		CITY OR TOWN	WILBRAHAM
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: CHEF LOU'S	GOURMET FOOD LI	LC .	
DOING BUSI	NESS A ABUNDAN	IZA		
ADDRESS 23	41 Boston Rd			
CITY/TOWN:	WILBRAHAM	STATE: MA	A ZIP CODE:	01095
MANAGER:	MARAVILHA, JUNE	TYPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
-	N OF LICENSED PR			
		est on first floor in one r in basement; entrance th	-	
	y and swear under pen		,	
	•	be of the same type for t	the same premises now	licensed;
		d with all laws of the Co	=	
	-	en for business (If not ex	_	
SIGNED BY:				
STOTALD DI.		artner or Authorized Co.	rporate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYEI	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
We the under	reigned attact that w	ve are in nossession (1)	the certificate requir	ed by Chapter 304 of the
				ment for the above named
license and (2	the certificate of li	quor liability insuranc	e required by Chapte	er 116 of the Acts of 2010.
Please Check Bel			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
DATE:			-	
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THI	E MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200051		CITY OR TOWN	WILBRAHAM
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: MICHAEL'S F	PASTA-IN-THE-PAN,ING	C.	
DOING BUSINESS A MICHAEL'S	PASTA-IN-THE-PAN II		
ADDRESS 2133 BOSTON RD.			
CITY/TOWN: WILBRAHAM	STATE: MA	ZIP CODE:	01095
MANAGER: KELLY, CATHERINE Q.	TYPE OF LICENSE: Res	taurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PRE	EMISES:		
ONE STORY BUILDING WITH ITC ENTRANCE ON WEST SIDE; REA SERVICE ON OUTDOOR PATIO I	R EXIT ON EAST SIDE		
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	same premises now	licensed;
2. the licensee has complied		•	taxes; and
3. the premises are now oper	n for business (If not expla	in below)	
SIGNED BY: Individual, Par	rtner or Authorized Corpo	rate Officer	
	rtner or Authorized Corpo	rate Officer	
Individual, Par	rtner or Authorized Corpo	EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)
Individual, Par	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Indi	vidual Social Security Number) d by Chapter 304 of the nent for the above named
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq Please Check Below:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire departnequired by Chapter	vidual Social Security Number) d by Chapter 304 of the nent for the above named
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of lique Please Check Below: APPROVED:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire departnequired by Chapter	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire department of the LOCAL LICENS)	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of lique Please Check Below: APPROVED:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire department of the LOCAL LICENS)	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.
DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq Please Check Below: APPROVED: DISAPPROVED:	HONE NUMBER: e are in possession (1) the g inspector and the head	EMPLOYER (Note: NOT Indies certificate requires of the fire department of the LOCAL LICENS)	d by Chapter 304 of the nent for the above named 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 14/200052		CITY OR TO	WN WILDKAR	1AW
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	: ROUND ROBIN	OF WILBRAHAM	LLC		
DOING BUSINESS	S A RED ROBIN C	GOURMET BURGER	RS		
ADDRESS 2031 BO	OSTON RD				
CITY/TOWN: WI	LBRAHAM	STATE: MA	ZIP CODE	E: 01095	
	AULDING, T HARD	YPE OF LICENSE:R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:	-			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
_		WITH ENCLOSED	PATIO FOR SEA	ASONAL SERVI	CE
I hereby certify and	-				
		of the same type for the	-		
	•	ith all laws of the Cor		ing to taxes; and	
3. the prem	ises are now open f	or business (If not exp	plain below)		
SIGNED BY:					
	Individual, Partn	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA _	
			(Note: NO	T Individual Social S	Security Number)
We the undersigne	ed, attest that we a	re in possession (1) t	the certificate re	auired by Chapt	ter 304 of the
Acts of 2004, signe	ed by the building	inspector and the he	ad of the fire dep	partment for the	above named
license and (2) the	certificate of liquo	or liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	ı		By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE.			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147200053		CITY	OR TOWN	WILBRAH	AM
APPLICATION FO	R RENEWAL:	Annu	Annual LICENSED FOR 2013			
		CLAS	SS			YEAR
LICENSEE NAME	BELAS INC.					
DOING BUSINESS	S A ABRUZZO					
ADDRESS 2589 BO	OSTON ROAD					
CITY/TOWN: WI	LBRAHAM	STATE:	MA ZI	IP CODE:	01095	
	REZKIN, EXANDER	TYPE OF LICEN	SE:Restaurant	t CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL ADD	DRESS		
DESCRIPTION OF	LICENSED PRE	EMISES:				
FIRST FLOOR DIN ON BOSTON ROA PATIO AT BACK;	D; CELLAR FOI	R STORAGE ONL	Y; OUTDOO	R DINING A	ND SERVIC	
I hereby certify and	swear under pena	alties of perjury tha	t:			
1. the renev	wed license will be	e of the same type	for the same p	oremises now	licensed;	
2. the licens	see has complied	with all laws of the	Commonwea	alth relating to	taxes; and	
3. the prem	ises are now open	n for business (If no	ot explain belo	ow)		
SIGNED BY:	Individual, Par	rtner or Authorized	Corporate O	fficer		
DATE:	TELEPH	HONE NUMBER:	(EMPLOYER (Note: NOT Ind		ION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the	ed by the building	g inspector and th	e head of the	e fire departr	nent for the	above named
Please Check Below:			LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	Loin)					
(II disappioved expl	(a111 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 147200054		CITY OR TOWN V	VILBRAHAM
APPLICATION 1	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: ONM,INC.			
DOING BUSINE	ESS A OLIVIA'S			
ADDRESS 2481	BOSTON ROAD			
CITY/TOWN: \	WILBRAHAM	STATE: MA	ZIP CODE:	01095
	IARQUEZ, TENNIFER A.	ΓΥΡΕ OF LICENSE: Res	staurant CAT	EGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION (OF LICENSED PRE	MISES:		
EMSERGENCY EAST SIDE DIN	EXITS ON EACH S	LLAR;MAIN ENTRAN IDE AND REAR OF BU RONT AND BOTH SEI REAR.	JILDING.RESTROOM	AS ON INNER
I hereby certify a	nd swear under penal	ties of perjury that:		
		of the same type for the	•	
	•	with all laws of the Comr	•	axes; and
3. the pro	emises are now open	for business (If not expla	ain below)	
SIGNED BY:	Individual, Part	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	ONE NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, sig	gned by the building	are in possession (1) the g inspector and the head nor liability insurance r	l of the fire departme	nt for the above named
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xpiain)			
			-	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 147200055		CITY OR TOWN W	ILBRAHAM
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	STAWCO,LLC A KRAZY JAKE'S			
ADDRESS 2537 BC	OSTON ROAD			
CITY/TOWN: WII	LBRAHAM	STATE: MA	ZIP CODE: 01	1095
MANAGER: STA M.	WAS,SCOTT TYI	PE OF LICENSE: Res	taurant CATE	GORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
	BLIC ENTRANCE		EA AND DINING ROO EDOOR' APPROX. 10	
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of	the same type for the	same premises now lice	nsed;
2. the licens	ee has complied with	all laws of the Comm	nonwealth relating to tax	xes; and
3. the premi	ses are now open for	business (If not expla	in below)	
SIGNED BY:	T 11 11 1 D		OSC	
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:			EN ON ONED IDE	NAME OF THE PARTY
DATE.	TELEPHON	E NUMBER:		ENTIFICATION NUMBER: nal Social Security Number)
			(*************************************	ar social security (various)
Acts of 2004, signe	d by the building in	spector and the head	e certificate required b l of the fire departmen equired by Chapter 11	t for the above named
Please Check Below:			LOCAL LICENSING	3 AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:			
(If disapproved expl	ain)			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147200056		CITY OR TOWN	WILBRAH	AM
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: F.L. ROBERTS &	CO. INC.			
DOING BUSINESS A WILBRAHAM N	MOBILE			
ADDRESS 2788 BOSTON ROAD				
CITY/TOWN: WILBRAHAM	STATE: MA	ZIP CODE:	01095	
MANAGER: PEASE, MICHAEL TY	PE OF LICENSE:Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMI	SES:			
64 FT BY 35.3 FT, TOTALLING 2260 S ROAD	SQ FTENTRANCE	S AT FRONT AND	SIDE ON B	OSTON
 the renewed license will be of the licensee has complied with the premises are now open for 	h all laws of the Comm	onwealth relating to		
SIGNED BY: Individual, Partner	r or Authorized Corpo	rate Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 147200057		CITY OR TOWN	WILBRAHAM
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: BELLASOPI	HIA LLC		
DOING BUSIN	ESS A DANA'S G	RILLROOM		
ADDRESS 234	3 BOSTON ROAD			
CITY/TOWN:	WILBRAHAM	STATE: MA	ZIP CODE:	01095
	CALVANESE, KIMBERLY	TYPE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	REMISES:		
	AR FOR STORAGI	STORY BUILDING; DI E; ENTRANCE AND EX		
I hereby certify	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	ne same premises now	licensed;
2. the li	censee has complie	d with all laws of the Cor	nmonwealth relating to	taxes; and
3. the p	remises are now ope	en for business (If not exp	plain below)	
SIGNED BY:	Individual D	artner or Authorized Cor	manata Offican	
	maividuai, P	artner or Authorized Cor	porate Officer	
DATE:			EMDI OVED	IDENTIFICATION NUMBER:
DITTE.	TELEI	PHONE NUMBER:		ividual Social Security Number)
	-		_	d by Chapter 304 of the nent for the above named
	•	_	_	116 of the Acts of 2010.
Please Check Belov	<u>v:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	<u></u>
DATE:				